

**To: Kentucky Department Of Labor
Apprenticeship & Training
1047 US Hwy 127 South Suite 4
Frankfort, Ky 40601-4381**

Company Name _____ Program # _____

Company Address _____

Company Telephone _____

Company Contact Person _____

Apprentice Name _____ SS# _____

Trade Name _____

Check an Option Below

_____ Apprentice Completion Effective _____
M/D/YR

_____ Former Apprentice Reinstatement Effective Date _____
(Attach new apprenticeship agreement) M/D/YR

_____ Apprentice Cancellation Effective _____
M/D/YY

Reason Choose One:

- _____ A1 = Quit
_____ A2 = Terminated
_____ A3 = Laid Off
_____ A4 = Transferred
_____ A5 = Other Specify _____

Signature & Date _____